POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*α*	70591	7/27
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RD	61730	9-9-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date		Claim		Date		Claim		Date
Final	Original			Final	Original			Final	Original	
1				51				101		
2				52				102		
3				53				103		
4				54				104		
5				55				105		
6				56				106		
7				57				107		
8				58				108		
9				59				109		
10				60				110		
11				61				111		
12				62				112		
13				63				113		
14				64				114		
15				65				115		
16				66				116		
17				67				117		
18				68				118		
19				69				119		
20				70				120		
21				71				121		
22				72				122		
23				73				123		
24				74				124		
25				75				125		
26				76				126		
27				77				127		
28				78				128		
29				79				129		
30				80				130		
31				81				131		
32				82				132		
33				83				133		
34				84				134		
35				85				135		
36				86				136		
37				87				137		
38				88				138		
39				89				139		
40				90				140		
41				91				141		
42				92				142		
43				93				143		
44				94				144		
45				95				145		
46				96				146		
47				97				147		
48				98				148		
49				99				149		
50				100				150		

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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